



Do what you love.
We'll take care of the rest.

We enable creative and passionate small business owners to realize their visions and dreams by taking over the chores of business management.

We help by building highly organized, exceptionally effective and financially sound enterprises.

OFFICE USE ONLY

COMPANY LEGAL NAME: _____

BUSINESS TRADE NAME/DBA: _____

INDUSTRY TYPE: _____

PRIMARY CONTACT NAME: _____

PHONE: _____

EMAIL: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY WEBSITE: _____

CURRENT TAX ID NUMBER: _____

ARE YOU A NON-PROFIT ORGANIZATION?

N/A YES NO

SECONDARY CONTACT NAME: _____

TITLE: _____

PHONE: _____

EMAIL: _____

WHAT ARE THE PREFERRED METHODS OF COMMUNICATION? CALL TEXT EMAIL MAIL

WHAT ARE THE COMPANY'S CORE VALUES?

WHAT IS YOUR COMPANY'S VISION FOR THE FUTURE & MISSION STATEMENT?

WHAT ARE YOUR SHORT & LONG TERM GOALS AS A COMPANY?

WHERE DO YOU NEED THE MOST HELP?

PLEASE CHECK ALL THAT APPLY

FINANCIAL MANAGEMENT	BRAND MANAGEMENT	HR MANAGEMENT	OPERATIONS MANAGEMENT
<input type="checkbox"/> BUDGETING	<input type="checkbox"/> PUBLIC RELATIONS	<input type="checkbox"/> RECRUITING	<input type="checkbox"/> PROCEDURES
<input type="checkbox"/> QUOTING	<input type="checkbox"/> MARKETING	<input type="checkbox"/> PAYROLL	<input type="checkbox"/> POLICIES
<input type="checkbox"/> INVOICING	<input type="checkbox"/> SOCIAL MEDIA	<input type="checkbox"/> EMPLOYEE ADMIN	<input type="checkbox"/> DEVELOPMENT
<input type="checkbox"/> AR/AP	<input type="checkbox"/> CONTENT	<input type="checkbox"/> ONBOARDING	<input type="checkbox"/> ADMINISTRATION
<input type="checkbox"/> BOOKKEEPING	<input type="checkbox"/> ANALYTICS	<input type="checkbox"/> TRAINING	<input type="checkbox"/> PLANNING
<input type="checkbox"/> REPORTING	SALES MANAGEMENT	EVENT MANAGEMENT	INCORPORATION
<input type="checkbox"/> TAX FILING	<input type="checkbox"/> CONTRACTS	FACILITY MANAGEMENT	<input type="checkbox"/> NAME SEARCHES
<input type="checkbox"/> RECONCILIATIONS	<input type="checkbox"/> CUSTOMER SERVICE	PROJECT MANAGEMENT	<input type="checkbox"/> LLC PREP & FILE
<input type="checkbox"/> AUDITING	<input type="checkbox"/> ACQUISITIONS	SCHEDULING	<input type="checkbox"/> DBA PREP & FILE

DO YOU REQUIRE IN PERSON ASSISTANCE?

- YES
 NO

WHAT TYPE OF ACCOUNTING SOFTWARE DOES YOUR COMPANY USE?

WHO IS YOUR MAIN COMPETITION?

WHO IS YOUR TARGET AUDIENCE?

NAME THE MAIN REASONS YOUR CUSTOMERS REMAIN LOYAL

YOUR HOURS OF OPERATION

WHAT HOURS WILL YOU NEED ASSISTANCE?

	SUN	MON	TUE	WED	THU	FRI	SAT
MORN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IS YOUR BUSINESS SEASONAL?

YES NO

IF YES, WHAT SEASON IS HEAVIEST?

WHAT SEASON IS THE SLOWEST?

PLEASE ADD ANY ADDITIONAL INFORMATION YOU FEEL IS IMPORTANT

DATE: